**Learning needs assessment for MPharm/OSPAP student and pre-registration trainees employed as support staff**

Use this form to carry out an assessment of the relevant knowledge, skills and experience of a student carrying out a support staff role, and to identify any further learning or experience required by the student, in relation to the role.

This form must be completed by a registered pharmacy professional. You can use a computer to fill in the contents, but you will need to print the form to sign and date it.

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| Pharmacy name |       |

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| --- | --- |
| Pharmacy professional’s name |       |

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| --- | --- | --- | --- | --- | --- | --- | --- |
| GPhC registration number |    |    |    |    |    |    |    |

|  |  |
| --- | --- |
| Student’s name |       |

|  |  |
| --- | --- |
| Support staff role job title |       |

What skills and previous experience relevant to the role does the student have?

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What training needs have you identified?

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Give details of the action plan you have made to address these needs. Include actions and dates they should be completed by.

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This assessment and action plan has been agreed by the student and the pharmacy professional identified above.

Signed: pharmacy professional Signed: student

Date Date

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